

# CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1								51		
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
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41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

Serial No.

0-15241442

Applicant

CLAIMS

CLAIM NO.	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IN. NO.	DEP.	IN. NO.	DEP.	IN. NO.	DEP.
1	/					
2						
3						
4						
5						
6						
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12	/					
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44						
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46						
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48						
49						
50						
TOTAL IN. NO.	2					
TOTAL DEP.	16					
TOTAL	12					

CLAIM NO.	IN. NO.	DEP.	IN. NO.	DEP.	IN. NO.	DEP.
61						
62						
63						
64						
65						
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67						
68						
69						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IN. NO.	2					
TOTAL DEP.	16					
TOTAL	12					

1225525 1225535 1225545